

VSH Employees' Work Group

July 6, 2006 1:00 p.m. – 3:00 p.m.

Minutes (FOR REVIEW)

Next meeting: July 19, 1:00-3:00, AHS Personnel Conf. Rm, Waterbury

Present: Gail Rushford, Laura DeForge, John O'Brien, Goldie Watson, Keith Goslant, Terry Rowe. Participating by phone: John Berard, Annie Noonan, and Conor Casey.

Absent: Dena Weidman

Staff: Judy Rosenstreich, Steve Gold

Gail convened the meeting and outlined the agenda:

1. announcements
2. review pros and cons of staffing models
3. select preferred options
 - What are the conditions for successful implementation of these options?
 - What further analysis is required of these options?

General Discussion

Keith and others commented on the reality factor, seeking clarification on whether decisions on co-location of the new primary inpatient psychiatric facility at Fletcher Allen or privatization of the workforce had been made.

Steve responded that the reality factor is that the Futures Plan lays out a preferred vision of integrating the primary psychiatric facility with a tertiary academic medical center and, in addition, providing smaller capacity units at Rutland Regional Medical Center and the Brattleboro Retreat. While we desire to achieve integration of care, final determinations have not been made at this point. Alternative options such as Copley and St. Johnsbury have been raised in the Advisory Committee.

Keith recalled Beth stating that it was not the intent for the State to hold the license, a direction that raises the question, "What are we going to do to enable VSH employees to compete with the private sector?"

Gail stated that the human resources planning process will be done in another setting.

Terry pointed out that after decisions have been made regarding location of a new inpatient facility to replace current capacity at VSH, we will need to consider how best to help VSH employees in their future careers, enhancement of their skills, and so forth. She acknowledged that the preferred plan of the Futures project includes multiple realities but it is not a done deal.

Other questions concerned:

- To what extent will workforce issues come up in the CON process?
- Have Fletcher Allen and the Department of Health begun discussion of workforce issues?

Steve stated that discussions with Fletcher Allen have centered on what is practicable in terms of integrating the program and outreach efforts with Burlington and South Burlington. Steve will bring back answers to these questions to the group.

After further discussion about the implications for individual VSH employees of a new facility being integrated with a teaching hospital, Gail turned attention to the task at hand: to vote on the preferred options among those identified in preparation for moving on to requirements for success.

Voting on the Options

Gail explained the “dots” method of voting on the three most preferred options. Nine people voted---all voting work group members except for Dena who was absent.

The three most preferred options (staffing models) on the basis of votes cast were:

Public – This model means that the inpatient care services will be owned and operated by the State and all positions will be state jobs with related rights and benefits. RIF rights apply for employees losing jobs due to downsizing or relocation. [10 votes]

Public senior management and workforce operating under private license – Under this model, the majority of staff would have state positions, but private sector positions would be embedded within the organization to oversee responsibilities related to licensure of the facility. [8 votes]

Public workforce / Private senior management (such as CEO, CFO, Administrators) – This model means that the State will own the inpatient care services, but members of the management team will work directly for an external entity. An example of this model is when the State has contracted with a third party to provide administrators to manage the Vermont Veterans Home. Under this model, most positions would continue to be state jobs with related rights and benefits. RIF rights apply for employees losing jobs due to downsizing, contracting, or relocation. [6 votes]

The next step is, What are the requirements that need to be in place for these options to succeed?

Requirements for Success

OPTION: Public workforce / Private senior management

- The private partner agrees to use state employees as the workforce
- Is what's expected for credentialing going to change?
- Who would Fletcher Allen want to employ? What positions?
- Private partner would have mechanism for current employees (psych techs) to fit their staffing pattern.
- Shuttle service / transportation support
- RIF rights
- Retirement buy-out option
- Legal review of VSH-related statutes (Act 114, Nurse Practice Act, authority of commissioner)

Discussion of this option highlighted two issues:

1. Terry brought up the public nature of VSH's internal processes
 - public governing body
 - public meetings
 - public records requests
2. Annie offered that the term 'staffing pattern' means overall kinds and numbers of positions; job functions; how does title by title match up

OPTION: Public senior management and workforce operating under private license

- Licensure issues are obligation of the private partner

Discussion of this option raised these issues:

1. Current psychiatry contract with Fletcher Allen requires licensed professionals to administer medications
2. Will a new inpatient facility no longer be the "Vermont State Hospital" as the Nurse Practice Act grants an exemption to VSH?
3. CMS (Center for Medicare and Medicaid Services) insisted that RN's had to be the clinical leaders on the floor. There was a dearth of nurses at VSH; therefore, VSH did not meet hospital standards. The Health Dept. is going to require all hospitals to include "conditions of participation," i.e., certification provisions. Sometime next year, VSH will have to comply with CMS.
4. If a hospital is JCAHO (Joint Commission on Accreditation of Healthcare Organizations) accredited, we assume the hospital complies with CMS standards.

OPTION: Public

- A new hospital building, preferably located next to Fletcher Allen
- People with severe and persistent mental illness deserve to have a therapeutic environment with the same level of facility as other patients.

Discussion of this option offered these comments:

1. Multiple 16-bed hospitals would require each facility to have its own governance structure in order not to be an IMD (Institute for Medical Disease).
2. Could we qualify for Medicaid under Global Commitment and, if so, might it be beneficial to have a structure like we have now?

NEXT STEPS

Gail will type up and send out the complete record of the “Requirements for Success” discussion. The next step is to consolidate this information into a report. She asked for help from the work group members, hoping that they would provide comments and language to flesh out the essence of these recommendations. Gail asked that comments be submitted as a “Reply to All” so that we do not duplicate our efforts.

The next meeting is July 19, 1:00 to 3:00 p.m., in the AHS Personnel Conference Room.

SUBMITTED BY: Judy Rosenstreich
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